

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15	1					
16						
17						
18	1					
19						
20	1					
21	1					
22						
23						
24						
25						
26	1					
27						
28						
29						
30	1					
31						
32						
33						
34		8				
35	1					
36		8				
37		8				
38		8				
39		8				
40		8				
41		8				
42		8				
43		8				
44		8				
45		8				
46		8				
47		8				
48		8				
49		8				
50		8				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		8				
52		8				
53		8				
54		8				
55		8				
56		8				
57		8				
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.		128				
TOTAL CLAIMS		138				